DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CAMELOT HOME LLC (0009022) Address: 4900 S 68TH ST, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Compliance

Verified

Corrected

Survey ID: 0094121 End Date: 02/02/2005 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009066 Served 02/17/2005

<u>Deficiencies Cited</u> <u>Subject Area</u>

83.21(4)(o) MEDICATIONS

Survey ID: 0092164 End Date: 03/01/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 04/08/2004 Date Investigation Completed: 02/02/2005

Subject Area(s) Result SOD #

NUTRITION & FOOD SERVICES NOT SUBSTANTIATED

MEDICATIONS SUBSTANTIATED 10009066

ADMISSION, TRANSFER & DISCHARGE NOT SUBSTANTIATED

PROGRAM SERVICES SUBSTANTIATED NOT RECORDED

QUALITY OF LIFE NOT SUBSTANTIATED

Date Complaint Received: 01/26/2004 Date Investigation Completed: 03/01/2004

Subject Area(s) Result SOD #

NUTRITION & FOOD SERVICES NOT SUBSTANTIATED

PROGRAM SERVICES SUBSTANTIATED NOT RECORDED

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